

The President's Emergency Plan for AIDS Relief October 2005 Newsletter

A Monthly Update on the U.S. Commitment to Turn the Tide Against Global HIV/AIDS

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SUPPORTING "COMMUNITY ACTION" IN NAMIBIA TO FIGHT HIV/AIDS

"I had no idea alcohol was such a

problem. These discussions made

me realize that when I drink, I for-

get to protect myself, so I've decided

to stop drinking. I'm going to be a

role model for others in my

neighborhood."

Community Mobilization participant

In Namibia, the President's Emergency Plan for AIDS Relief supports an innovative community mobilization intervention implemented through the Johns Hopkins University Health Communication Partnership (HCP).

small town in Namibia, were able to talk frankly about the impact of AIDS in their community. "People never ask us what we feel, what we believe," said one young woman. "For the first time people are listening to us." Another added, "We are usually invisible here. But we all are being hurt by this disease. Now our ideas are being heard.'

The U.S. supported the launch of the community mobilization program in 2003 to create social change at the grassroots level by addressing the major behavioral and social

factors that are driving the epidemic. The program focuses on treatment and prevention of mother to child transmission sites designated by the Namibian Ministry of Health and Social Services. HCP has helped six communities mobilize and expects to move into 15 additional communities by the end of 2005.

The mobilization process helps participants identify the behavioral causes of HIV in their communities and then develop strate-

gies to eliminate the negative social norms that fuel the epi-Communities explore demic. ways to reinforce positive norms to reduce stigma and discrimination.

Community mobilization is a long-term process, beginning with meetings with community and opinion leaders to introduce the method. followed by a baseline household knowledge attitudes and practice survey. Survey results are used at community consultative sessions, which are facilitated by trained community members. wards, discussions within peer

Mobilization Meeting in Namibia

groups delineated by age and gender culminate in a plenary meeting where all community members and peer groups come together. Depending on the community structure, either a "Community Ac-

tion Forum," or similar structure is used to promote the implementation of long-term solutions and programs to address the root causes of HIV/AIDS.

While HCP trains and supports community groups through-For the first time, different groups of people in Rehoboth, a out the program, the resulting processes and strategies are cre-

ated by and unique to each individual community. Networking via the Regional AIDS Coordination Committees, the Regional HIV/AIDS Committee for Education and other community-based organizations allows communities to share their strategies and solutions.

Mobilization activities have vielded positive results. A nurse who attended a meeting was shocked to hear how negatively participants viewed the hospital, and promised to relay this feedback to

the nurses and doctors. Older women described the situation as the first time they had been included in HIV/AIDS programs. Although they were often surprised by discussions, one said, "Now we know how to be better parents and community advocates."

Overall, community mobilization programs seek to create AIDS-competent communities where people grasp the extent

> of the HIV/AIDS problem. The power to create necessary change is found within the communities themselves, which have the ability to take action and make a difference in combating HIV/AIDS.

> Community participants enthusiastically agree. "We've always been told about HIV and AIDS and how we should think or feel about it, but we've never been asked our side of it," said one participant. "We want to be involved and never knew how before. This project finally lets us

A Community member speaks out during a Community

do something ourselves. I'm going to do whatever I can to

SNEHA SAMAI, PROVIDES SUPPORT FOR HIV+ WOMEN IN NEPAL

Women living with HIV/AIDS in Nepal have new hope and opportunities as a result of a Sneha Samaj and the Emergency Plan. Sneha Samaj was created in 2004 as a support group for women living with HIV/AIDS in Kathmandu and to assist HIV positive women throughout Nepal. Through the Emergency Plan a grant awarded to Sneha Samaj will enable the newly established organization to provide care and support for HIV+ women in Nepal, as well as build their capacity and management systems.

Sneha Samaj is constructing a care and support center for women living with HIV/AIDS. The center will focus specifically on assisting women in dire need of short-term aid to recover from serious illness. Women will additionally be able to receive health check ups and screening and treatment for tuberculosis and other opportunistic infections. The clinic will provide counseling and psychological support as well as nutritional education and training to

promote long term health.

In addition to the care center, Sneha Samaj is using a portion of their funding to hire and train patient advocates (PAs) to provide a multitude of services for people living with HIV/AIDS. PAs receive training in patient advocacy, patient rights, provider responsibilities, stigma reduction, counseling, and home based and palliative care. With their education, they will provide assistance at local Kathmandu hospitals closely linked with Sneha Samaj. As well, they will serve as outreach educators and provide help at the Care and Support Center.

Given such remarkable progress, it is hard to believe that Sneha Samaj was created only one year ago. As a testament to their success, representatives of Sneha Samaj attended the First Asia-Pacific Women, Girls and HIV/AIDS Best Practices Conference, sponsored by POLICY project and funded by the Emergency Plan. The conference and associated



Members of Sneha Samaj attend the Ist Asia-Pacific Women, Girls and HIV/AIDS Best Practices Conference

workshops taught skills to encourage women leadership within communities to scale up the participation of HIV+ women in Asia. With Emergency Plan funding and the dedication of women in Nepal, Sneha Samaj has quickly established itself as an effective organization in the fight against HIV/AIDS.

LATIN AMERICA AND THE CARIBBEAN REMAIN A FOCUS FOR THE EMERGENCY PLAN

Ambassador Tobias spoke at two events in the past month which focused on HIV/AIDS in the Latin America and the Caribbean. He addressed the 46th Directing Council of the Pan American Health Organization (PAHO) in Washington and the 4th annual U.S. Chiefs of Mission Council for the Caribbean in Nassau, Bahamas. Other Emergency Plan personnel from the Office of the Global AIDS Coordinator, Emergency Plan implementing agencies, and field missions in the Western Hemisphere participated in both meetings. Ambassador Tobias used these occasions to highlight Emergency Plan current and upcoming U.S. initiatives in the region.

PAHO, which serves as the Regional Office for the Americas of the World Health Organization, is in a position to play a significant role in HIV/AIDS work throughout the Americas. The PAHO conference brought together Ministers of Health and delegations from throughout the region. Ambassador Tobias noted the extensive commitment of the U.S. Government to the region, with bilateral and re-

gional programs in Latin America and the Caribbean rising to over \$100 million in the current fiscal year- an increase of 115% in just two years. In addition, the Global Fund - to which the U.S. is the largest donor nation- has committed nearly \$189 million over two years to nineteen countries in Latin America and the Caribbean.

U.S. partnership with host nations and other donors has contributed to encouraging results in the region. The Ambassador noted, "At the Special Summit of the Americas in January 2004, leaders committed to supporting antiretroviral treatment for at least 600,000 people in the hemisphere by the end of 2005. Together, we have not only reached that goal, but surpassed it, with over 640,000 currently on treatment."

Despite such positive outcomes, stigma remains a major issue in most countries, and Ambassador Tobias reminded the government leaders in attendance that strong leadership on their part is vital in responding to the disease.

At the U.S. Chiefs of Mission conference, Ambassador Tobias noted the unique role that Chiefs of Mission have in supporting the Emergency Plan and thanked them for their commitment to helping their host nations meet the challenge of HIV/AIDS. Support from U.S. Ambassadors is crucial not only for the successful implementation of the Emergency Plan and ensuring effective partnership with the Global Fund, but for galvanizing national responses -- including from governments -- to HIV/AIDS.

In order to assist Ambassadors' leadership efforts, Ambassador Tobias announced a 50% increase in funding for the Small Grants Program for HIV/AIDS for the upcoming year. This program has proven to be an effective tool for Ambassadors to raise the profile of HIV/AIDS issues on the ground, allowing for partnerships with small, grassroots organizations that are key leaders in national responses.